04/28/2003 20:14 0 MORENA

05-06-2003 90145 002 *****8.75

SECRETARY OF S54576
DIVISION OF CORPORATIONS

03 JUN 12 AM 8:59

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54576

1. Entity Name
THERAPEUTIC TOUCH, INC.

55038042

Principal Place of Business	Mailing Address
10395 SE 170TH ST., SUITE 204 SUMMERFIELD, FL 34491 } Incorrect address	10395 SE 170TH ST., SUITE 204 SUMMERFIELD, FL 34491 } Incorrect address

4/23/03 90110 045 150-00

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4141 Mallard drive	4141 Mallard drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State: Safety Harbor, FL
Zip: 34695 Country: USA	Zip: 34695 Country: USA

4. FEI Number: 59-3088739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, CATHERINE J.
4141 MALLARD DR
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D ☐ Delete NAME: SMITH, CATHERINE J. STREET ADDRESS: 4141 MALLARD DR CITY-ST-ZIP: SAFETY HARBOR, FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine J. Smith (President) 4-29-03 (727) 510-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CATHERINE J. S. SMITH

6/12